

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0051021

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

1

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13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET (If outside, give location)

ADDRESS 5905 Julian

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Ivory Mc Clendon

4. DATE

Month

Day

Year

OF
DEATH

December 26 1963

5. SEX

Male

6. COLOR OR RACE

Col

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 26 14

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Janitor

11. BIRTHPLACE (City and state or country)

Ark.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Mc Clendon

13b. MOTHER'S MAIDEN NAME

Daisey Fair

14. NAME OF HUSBAND OR WIFE

Mrs Estell Mc Clendon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Address

Mrs Estell Mc Clendon 5905 Julian

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock subsequent to Mesenteric

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Thrombosis, Pulmonary Edema

DUE TO (c)

570-2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at:

8:40 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Nelson L Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

12-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/30/63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis County

Missouri

24. FUNERAL DIRECTOR

Herman J. Smith

ADDRESS

4247 W Labadie Ave

25. DATE RECD. BY LOCAL REG.

DEC 27 1963

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

0051051

1943

RECEIVED

Missouri

St. Louis

St. Louis

5805 Julian

Homer G. Phillips Hosp

December 28 1943

Mc Clelland

Ivory

Col

Male

Feb 28 19 43

U. S. A.

ARK.

Sanitary

Mrs Estelle Mc Clelland

Daisy Fair

John Mc Clelland

Mrs Estelle Mc Clelland 5805 Julian 485-12-7702

No

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signed Arthur L. Hollis

Signature of Student Embalmer

Licensed Embalmer No. 4921

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

St. Louis County Missouri

Washington Park

Removal

Homer J. Smith 4247 W. Maple Ave